**COMMUNITY LIVING FUND PROGRAM INITIAL ASSESSMENT**

This assessment tool contains general guidelines, questions, and data that can assist providers in assessing the needs of consumers and putting together a person-centered plan for institutional transition or diversion. This tool is designed for internal use for assessment of consumer needs in collaboration with the consumer and their health care and social services support team. Not all parts of the assessment are needed for every consumer. Only collect information that is pertinent to develop and support a person-centered plan for diversion and transition.

Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Contact Information: \_\_\_\_\_\_\_\_\_\_

Date of Initial Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of In-person Visit (in the home, institution, or both): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Plan Developed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Level of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

Income Sources:

Social Security Disability Income (SSDI) \_\_\_\_\_\_\_\_\_\_\_\_

General Assistance (GA) \_\_\_\_\_\_\_\_\_\_\_\_

Cash Assistance Program for Immigrants (CAPI) \_\_\_\_\_\_\_\_\_\_\_\_

Supplemental Security Income (SSI) \_\_\_\_\_\_\_\_\_\_\_\_

Veterans Administration Pension \_\_\_\_\_\_\_\_\_\_\_\_

Retirement Benefits \_\_\_\_\_\_\_\_\_\_\_\_

Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passive Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_

Medical/Disability Expenses:

Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LTSS \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets 300% of Federal Poverty Level: Yes No

**HEALTH INSURANCE: (check all that apply)**

Medicare: Part A Part B Part C Part D

Medi-Cal: Fee-For-Service Managed Care

Medi-Cal Managed Care Health Plan if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Pay Health Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHICS**

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Immigration Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language: \_\_\_\_\_\_\_\_\_\_\_\_

Sexual orientation/identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion/Spiritual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Sex at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race & Ethnicity:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic/Latino

Disability (mark all that apply):

Cognitive

Developmental/Intellectual

Hearing

Learning

Mental Health

Physical

Vision

Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING AND SUPPORT**

Institutional Setting:

Licensed Skilled Nursing Facility (Long Term)

Licensed Skilled Nursing Facility (Short Term)

Board & Care/Assisted Living

State Hospital for the Mentally Ill

Rehabilitation Hospital

California Veterans Home

Intermediate Care Facility

Developmental Center

Other Specify

Community Based Residence:

Independent Housing

Residing with Family or a Caregiver

Congregate Housing

Homeless

If Homeless, is the person on the Homeless Information Management System through the Homeless Coordinated Entry?

Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the individual have formal supportive services?

Currently Living in an institution?

Live Alone?

Any problem related to consumer’s residence?

Any problem related to consumer’s living arrangement?

Does the consumer need help with any of the following and type of support needed?

☐ Case Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Home Repairs/Modifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Assistive Devices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ In-home Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Social Workers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Housing-related Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Money Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Mental Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Substance Use Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Day Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Home Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Employment Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Informal Support and Effectiveness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Formal Support and Effectiveness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Homelessness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Institutionalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Losses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social (Future Goals/Interests/Leisure activities): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion/Spiritual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence or Indication of Abuse, Neglect, Or Exploitation?

If Yes, Date Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PSYCHOLOGICAL FUNCTIONING**

Does the consumer have any of the following with a brief comment/ descript:

☐ Anxiety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Combative, Abusive, or Hostile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Depression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Delusions/Hallucinations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Wandering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Paranoid Thinking/Suspiciousness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Dementia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Grief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Cognitive Impairment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Suicidal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Indicate risks Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Adaptive/Coping Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has consumer experienced any significant events or changes in the last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voluntary and Involuntary Psych Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Psych Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Functioning:

☐ Memory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Judgment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tools:

1. [Patient Health Questionnaire (PHQ-9)](https://www.hrsa.gov/behavioral-health/patient-health-questionnaire-phq-screeners) to assess for depression.
2. [Montreal Cognitive Assessment](https://mocacognition.com/)is a cognitive screening test designed to assist Health Professionals in the detection of mild cognitive impairment and Alzheimer's disease.

**GENERAL HEALTH:**

Consumer’s Major Health Problems

☐ Kidney Disease

☐ Arthritis

☐ Cancer

☐ Stroke

☐ Musculoskeletal

☐ Circulatory/Heart

☐ Neurological

☐ Traumatic Brain Injury

☐ Developmental Disability

☐ Respiratory Disease

☐ Diabetes

☐ Genital/Urinary

☐ Infections/Skin Disorder

☐ Endocrine/Gastrointestinal

☐ HIV/AIDS

☐ Other Medical Diagnosis

Has the consumer lost or gained weight in the last six months?

Special Diet?

Type of Diet?

How often is physician seen?

Has the consumer been hospitalized in the past six (6) months? \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the consumer been in a nursing facility or other institution in the past six (6) months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the consumer have any of the following disabilities or health issues with brief comment/description:

☐ Vision

☐ Hearing

☐ Speech

☐ Dental

☐ Swallowing

☐ Bladder

☐ Bowel

☐ Feet

☐ Short of breath

☐ Pain

☐ Paralysis

☐ Amputation

☐ Recent Infection

**NEEDS ASSESSMENT**

**Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL) Functioning**

Does the consumer need assistance with any of the following ADL/IADL? Indicate if they require no assistance, if an assistive technology or durable medical equipment is used, if they have formal or informal assistance, and if they need additional support than currently receiving.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Requires  No Assistance | Device | Formal  Assistance | Informal Assistance | Needs More Assistance | Com-ments |
| Eating\* |  |  |  |  |  |  |
| Dressing\* |  |  |  |  |  |  |
| Transfer\* |  |  |  |  |  |  |
| Bathing\* |  |  |  |  |  |  |
| Toileting\* |  |  |  |  |  |  |
| Grooming\* |  |  |  |  |  |  |
| Medication (s) |  |  |  |  |  |  |
| Stair Climbing |  |  |  |  |  |  |
| Mobility Indoor |  |  |  |  |  |  |
| Mobility Outdoor |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |
| Housework |  |  |  |  |  |  |
| Shopping & Errands |  |  |  |  |  |  |
| Meal preparation & Cleanup |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |
| Money Manage-ment |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

\*If the individual has two or more ADL functional impairments in the categories of eating, dressing, transfer, bathing, toileting, or grooming then they may be eligible for placement in a licensed residential care facility.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment’s Needs** | **Has** | **Needs** | **No Need** | **Comments** |
| Tub |  |  |  |  |
| Shower |  |  |  |  |
| Handheld Shower |  |  |  |  |
| Bath Bench/Chair |  |  |  |  |
| Non-slip bathmat |  |  |  |  |
| Smoke Alarm |  |  |  |  |
| Emergency Alarm Unit |  |  |  |  |
| Grab Bar/Toilet |  |  |  |  |
| Grab Bar/Shower |  |  |  |  |
| Grab Bar/Tub |  |  |  |  |
| Raised Toilet Seat |  |  |  |  |
| Bedside Commode |  |  |  |  |
| Incontinence Supplies |  |  |  |  |
| Catheter |  |  |  |  |
| Ostomy |  |  |  |  |
| Hospital Bed |  |  |  |  |
| Bed Rail |  |  |  |  |
| Walker |  |  |  |  |
| Wheelchair |  |  |  |  |
| Cane |  |  |  |  |
| Motorized Wheelchair |  |  |  |  |
| Motorized  Cart/Scooter |  |  |  |  |
| Pronged Cane |  |  |  |  |
| Syringe/Tube Fed/Fed By IV |  |  |  |  |
| Adaptive eating utensils |  |  |  |  |
| Communication Device |  |  |  |  |
| Hearing Aids |  |  |  |  |
| Screen reader software |  |  |  |  |
| Magnifying device |  |  |  |  |

Has the consumer fallen in the last six months?

When?

What Happened?

**CONSUMER’S PHYSICIANS AND OTHER HEALTH PROFESSIONALS**

Name Specialty Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTANCE USE ASSESSMENT**

Does the consumer take any of the following substances (with a brief comment/description)?

☐ Alcohol

☐ Cannabis

☐ Cocaine

☐ Stimulants (crystal, speed, amphetamines etc)

☐ Inhalants (gas, paint, glue, etc)

☐ Hallucinogens (LSD, PCP, mushrooms, etc)

☐ Opioids (Heroin, narcotics, etc)

☐ Sedative/Hypnotics (Valium, phenobarb etc)

☐ Pharmaceuticals/Other (Steroids, cough, syrup, etc)

☐ Tobacco (smoke, chew)

Drug of choice?

How many times has the consumer been in treatment (when/where)?

Consequences as a result of drug/alcohol use (select all that apply):

☐ Medical

☐ Legal

What is the longest period of sobriety?

How long ago?

Treatment Programs (independent, detox, rehab, methadone)?

Triggers to use (list all that apply)

How does the consumer obtain (sex, money, trade, prescription)?

Family history?

**Community Living Fund Program Eligibility**

Does the consumer meet the 300% of the federal poverty level with certain medical and disability expenses deducted?

Is the consumer living in an intuitional setting and wants transition services?

Is the consumer at-risk for being institutionalized and wants diversion services?

Is there a plan to address the needs of the consumer through the CLF Program?

Have all other funding sources been exhausted?

Is there a plan to connect the consumer to on-going long-term services and supports that will support their on-going health, safety, and independence to maintain community living?